

COUNTY BOROUGH OF OLDHAM



# ANNUAL REPORT

OF THE

Principal School Medical Officer

J. T. CHALMERS KEDDIE

M.B., D.P.H.

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1956

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# EDUCATION COMMITTEE

(1956/57)

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## Council Members

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 Councillor J. H. Broadbent (Deputy Chairman)  
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Very Rev. Canon M. Fitzgerald, B.A., L.S.Sc.  
 Rev. J. Calderley  
 Rev. F. W. Robinson, B.A., B.D.  
 Mr. F. Beesley  
 Mr. B. Collins  
 Mrs. Edith Mills  
 Mr. F. Platt  
 Mr. O. Ward

## Director

Maurice Harrison, M.A., M.Ed., B.Sc.

## Deputy Director

G. Wilson, M.A., M.Lit



School Health Department,

Town Hall,

Oldham,

April, 1957.

To the Chairman and Members  
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1956.

The medical staff has only just been maintained throughout the year and difficulty is experienced in filling vacancies that occur. It is to be regretted that during the last two years, the changes in medical personnel have been more frequent owing to medical officers leaving after less than twelve months' service.

The Dental Service remains seriously understaffed and Mr. Fenton, the Senior Dental Officer, and Mr. Woolley are the only two permanent officers employed. Mr. A. d'A. Fearn continues to be employed in a part-time capacity (8 sessions). Mrs. Gibson joined the staff after qualifying in June but at her special request after a few months' service, was employed part-time (5 sessions). Mr. Fenton, in his report deals fully with recent legislation and problems confronting the Dental Service. It must be stated that, with the staff available, we are only providing a limited service. Preventive and conservative work is receiving little attention and demands for emergency treatment and "specials" are dislocating routine inspections and treatment. Dental practitioners in private practice cannot meet the demands of their own patients and are unable to treat the "casual" patient. The situation will become more acute when the older dental practitioners retire in the immediate future.

Infectious diseases compared with previous years, presented no serious problems in the schools under your control and the incidence of the notifiable diseases was much lower. Poliomyelitis caused anxiety and 6 cases occurred during the months of July to November. In addition to the 6 cases confirmed and discussed in the Report, two cases occurred among the pupils attending the Hulme Grammar School for Girls, both being in the same class and the onset of symptoms being simultaneous. This alarming situation necessitated special methods of control, including the closing of two classes for a period of three weeks. There were numerous contacts of these cases, many of whom attended your schools. They were kept under close surveillance.

In January the Minister of Health announced that a vaccine against poliomyelitis was to be made available later in the year. The vaccine was in limited supply and could only be made available to groups of children which were to be selected centrally. The response of parents to this offer was not good but it must be recorded that

knowledge of the accident with the Salk vaccine in America and the Ministry of Health failing to advise Medical Officers of Health and the medical profession in a correct and ethical manner, left many in doubt of the real value of the vaccine. Fortunately, there is now every indication that the vaccine being made available is perfectly safe, harmless, and efficient and the only regret is that supplies are limited and not yet available for children in the older age groups.

During the year the Ministry of Education and Ministry of Health issued jointly the Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Diseases. The recommendations in the Memorandum were reported to the Ancillary Services Sub-Committee and a revised code for the exclusion of cases and contacts was adopted and came into operation on the 1st January, 1957. As regards school closure, this is not recommended and only in exceptional and special circumstances would such action be taken. All cases are excluded and with most notifiable diseases, contacts are also excluded, though the restrictions are now the bare minimum.

During the year only 5 cases of pulmonary tuberculosis and 4 cases of non-pulmonary tuberculosis were notified and confirmed among school children. It is interesting to record that all the pulmonary cases were home contacts of a positive case. The cases of non-pulmonary tuberculosis are discussed in the report—only three required sanatorium treatment and they should all make satisfactory progress.

Following the notification of an open case of tuberculosis (sputum positive) attending the Hollinwood Secondary Modern School, the parents of all the children on the register were offered the Mantoux test but it is to be regretted that the parents of only 238 children out of a total of 359 consented to the examination. No definite case of tuberculosis was discovered among the children examined but one girl aged 14 years was admitted to sanatorium for observation.

Vaccination against tuberculosis (B.C.G.) has again been offered to all children who would reach the age of thirteen years during the year. This is a simple procedure which will protect against this scourge and yet the acceptance rate was only 65%. The value of B.C.G. vaccination is now well proved and parents should welcome this protection.

All children in selected age groups are now being tested for colour vision. The preliminary figures show that this is well worth while—38 children were found to have a colour vision defect and it is important that the parent and the child should be aware of this defect, so as to avoid any future embarrassment when they become employed.

There has been no change in the arrangements for co-operation with the hospital services and the Consultants who have special responsibilities for the treatment of children. When poliomyelitis was prevalent, Mr. Appleton was advised and it was agreed to cease admitting children for tonsil and adenoid operations. This decision accounts for the considerable reduction in the number of children operated upon—82 compared with 146 during the previous year.



Audiometric examination for the ascertainment of deafness in young children has been continued. Children found to have any suggestion of deafness are referred to the Aural Surgeon. The audiometric examination enables very early cases of hearing abnormality to be detected and following examination by a Consultant any necessary treatment can be arranged.

I wish to express my thanks to all members of the staff for their loyal service and response to the demands made upon them.

I am deeply grateful to the Chairman and Members of the Ancillary Services Sub-Committee for their co-operation and support. Finally, I wish to record my very sincere appreciation of the help which is so freely afforded to myself and my staff by the Director of Education and the Teachers.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Principal School Medical Officer.

## SCHOOL HEALTH SERVICE

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### Principal School Medical Officer

J. T. Chalmers Keddie, M.B., Ch.B., D.P.H.

### Senior Assistant School Medical Officer

J. Starkie, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

### Assistant School Medical Officers

Edna Circuit, M.B., Ch.B., D.P.H.

H. Bailey, M.B., Ch.B.

W. R. Falconer, M.B., Ch.B., D.P.H.

J. K. Heagney, M.B., B.Ch., D.P.H. (to 14-7-56)

J. K. Doherty, L.R.C.P., L.R.C.S., D.P.H. (from 1-1-56 to 15-12-56)

T. W. Sherratt, M.R.C.S., L.R.C.P., L.D.S. (from 1-9-56)

### Principal School Dental Officer

J. Fenton, L.D.S.

### Dental Officers

J. H. Woolley, L.D.S.

Joyce Gibson, L.D.S. (from 30-7-56 to 17-11-56)

\*A. d'A. Fearn, L.D.S.

\*Joyce Gibson, L.D.S. (from 19-11-56)

### Consultants

G. Mason-Walshaw, B.A., M.R.C.S., L.R.C.P., F.F.A., D.A. *Anæsthetist*

J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. .... *Aural Surgeon*

F. Janus, B.Sc., M.D., M.R.C.S., L.R.C.P. .... *Ophthalmic Surgeon*

D. Hilson, M.A., M.B., B.Chir., D.C.H., M.R.C.P. .... *Pædiatrician*

### Ophthalmic Surgeons

N. MacInnes, M.A., M.B., Ch.B.

L. B. Hardman, L.R.C.P., L.R.C.S., D.O.M.S.

### Child Guidance Clinic

Medical Director

Maria J. Dale, M.D. (Heidelberg)

### **Educational Psychologist**

D. G. Pickles, M.A. (to 31-1-56)  
D. B. Worthington, M.A. (from 1-3-56)

### **Psychiatric Social Worker**

\*Mrs. J. R. Rose (from 12-4-56 to 19-7-56)

### **Orthoptist**

\*Miss K. S. Roberts, D.B.O.

### **Superintendent School Nurse**

✕ Miss A. W. Moordaff

### **Deputy Superintendent School Nurse**

✧ Miss C. Williamson

### **Senior School Nurse**

✕ Mrs. H. Emmott

### **School Nurses**

- |                       |                                   |
|-----------------------|-----------------------------------|
| ○★ Mrs. M. Cordon     | ✧ Miss A. Taylor (to 13-6-56)     |
| ○★ Miss T. Dolan      | ✧ Miss M. Hall (from 9-6-56)      |
| ✧ Mrs. I. Hartley     | ✧ Mrs. M. McKenna (from 9-6-56)   |
| ✧ Miss W. McDonnell   | ✧ Miss S. E. Nixon (from 9-6-56)  |
| ✧ Mrs. C. Reeves      | ✧ Mrs. A. M. Walshe (from 9-6-56) |
| ✧ Mrs. C. Smith       | ✕ Mrs. D. Whitehead (from 9-6-56) |
| ○★ Mrs. D. Spencer    | ✧ Miss N. Lawless (from 5-12-56)  |
| ★ Miss E. E. Williams |                                   |

✧ S.R.N., S.C.M., H.V.Cert.

✕ S.R.N., H.V.Cert.

★ S.R.N.

○ Temporary

\* Part-time.

## SCHOOL CLINICS

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### Minor Ailment Clinics

Gower Street	—Monday-Friday, 9 a.m. to 10-30 a.m.
Scottfield (off Ashton Road)	—Monday-Saturday, 9 a.m. to 10-30 a.m.

### Dental Clinics

Cannon Street	—By Appointment
Gower Street	— " "
Gainsborough Avenue	— " "

### Ophthalmic Clinic

Scottfield	—Monday 9 a.m.	} (By appointment only)
	Tuesday 9 a.m.	
	Wednesday 2 p.m.	
	Thursday 9 a.m.	
	Friday 2 p.m.	

### Orthoptic Clinic

Scottfield	—By appointment only.
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### Consultant Aural Clinic

Scottfield	—Friday, 9-45 a.m. (By appointment only)
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### Speech Therapy Clinic

Gower Street	—Daily, Monday to Friday (By appointment only)
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### Child Guidance Clinic

Gainsborough Avenue	—By appointment only.
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# ANNUAL REPORT

## STAFF

In January, Dr. J. K. Doherty succeeded Dr. A. Loftus, who resigned at the end of the previous year to take up an appointment as Assistant Medical Officer and School Medical Officer, Staffordshire County Council and Medical Officer of Health to Brownhill Urban District. In July, Dr. J. K. Heagney left the service, having been appointed to the post of Assistant Medical Officer and School Medical Officer, Staffordshire County Council and Medical Officer of Health to Darlaston Urban District. In December, Dr. J. K. Doherty left the service, having been appointed to the post of Assistant Divisional Medical Officer, Lancashire County Council (Division No. 3).

In July, Mrs. J. Gibson commenced duties as Dental Officer, but relinquished this appointment in November to undertake sessional work. For the rest of the year she undertook five sessions per week in a part-time capacity.

Miss K. S. Roberts, Orthoptist, continued to undertake eight sessions per week at the Orthoptic Clinic.

Mrs. E. Leigner, Psychiatric Social Worker, ceased duties in December of the previous year. In April, Mrs. J. R. Rose was appointed part-time Psychiatric Social Worker and following her resignation in July it was not possible to fill the vacancy.

## Liaison

All the Medical Officers employed in the School Health Service are also Assistant Medical Officers of Health and undertake duties in the Public Health Department.

The Superintendent Health Visitor is also the Superintendent School Nurse and this arrangement provides the closest co-operation between the School Health Service and the other nursing activities of the Public Health Department. All Health Visitors are appointed as Health Visitor/School Nurse and undertake duties in the School Health Service. Owing to the difficulty of obtaining School Nurses with the Health Visitor's Certificate, qualified nurses are employed in a temporary capacity.

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## SCHOOL HYGIENE, ACCOMMODATION AND ATTENDANCE

I am indebted to Mr. M. Harrison, Director of Education, for the following information:—

The following new school was completed and occupied during the year:—

St. Hugh's Voluntary Church of England Primary School  
(first portion), Holts Estate—September.

The following additions and adaptations to existing schools were completed during the year:—

Greenhill Secondary Grammar School—Domestic Science room.

Derker County Schools—Complete sanitary blocks.

Higginshaw County Schools—New dining room.

Clarksfield County Junior School—New scullery.

Roundthorn County Junior School—New scullery.

The following new schools and additions to existing schools were under construction but were not ready for occupation at the end of the year:—

#### **New Schools**

St. Hugh's Voluntary Church of England Primary School (second portion).

Fitton Hill County Secondary Modern School.

St. Anselm's R.C. Secondary Modern School, Chamber Road.

#### **Additions**

Hathershaw County Primary School—Complete sanitary block.

In accordance with the building programme of the Committee, the following schemes should commence in 1957:—

#### **New Schools**

Breezehill County Secondary Modern School.

Primary School—Alt Estate.

#### **Additions and adaptations to existing schools**

It is proposed to continue to provide improved sanitary blocks at a number of schools and to provide a supply of hot water at certain primary schools.

The average number of children on the registers in December, 1956, was 18,445, an increase of 134 compared with the previous year.

The distribution is as follows:—

	Sen. & Jun.	Infants
County Primary and Sec. Modern Schools .....	8,586	3,437
Voluntary Primary & Sec. Modern Schools ...	3,150	1,557
	<hr/>	<hr/>
	11,736	4,994
	<hr/>	<hr/>
Counthill Grammar School .....	557	
Greenhill Grammar School .....	417	
Hathershaw Secondary Technical School .....	424	
Junior School of Art .....	48	

Special Schools:

Beever Special School—	
Deaf and Partially Deaf .....	23
Scottfield Special School—	
Physically Handicapped .....	27
Chaucer Special School—	
Educationally Subnormal .....	101
Waterhead Special School—	
Partially Sighted .....	17
Strinesdale Open Air School—	
Resident .....	30
Non-resident .....	71

MEDICAL INSPECTION

Periodic Medical Inspection

The periodic medical inspection of three age groups has been continued and 4,506 children were examined at these inspections.

The number of children inspected in the age groups is as follows:—

Entrants .....	1,878
11 year old .....	1,519
Leavers .....	1,109
	<hr/>
	4,506
	<hr/>

Of the 1,878 entrants examined, 579 (30.83 per cent) were found to have been vaccinated against smallpox. This compares with 28.98 per cent for the previous year.

The following figures show the incidence of certain defects in the 4,506 children who were examined at the periodic inspections:—

Defect or Disease	No. of children requiring treatment or observation for the Defect	Incidence of the defect per 1,000 children examined
Otitis Media .....	83	18.42
Nose or Throat .....	239	53.04
Speech .....	85	18.86
Cervical Glands .....	112	24.9
Heart and Circulation .....	24	5.33
Lungs .....	76	16.87
Hernia .....	15	3.33
Epilepsy .....	13	2.88
Orthopædic .....	263	58.37

Further details of defects found, etc., are given in Table III of the Ministry of Education Medical Inspection Returns.



### General Condition of Children Inspected

The method of assessing a child's general physical fitness was revised.

Previously a child was assessed as:—

“ A ” (good), “ B ” (fair), “ C ” (poor).

A simpler classification is now used:—

“ Satisfactory ” or “ Unsatisfactory.”

All children whose physical condition is considered to be unsatisfactory are referred for special examination and investigation of the medical and social factors which appertain.

Of the 4,506 children examined, only 4 were classified as unsatisfactory, which is .09 per cent of those examined.

### Special Inspection

The medical officers made 2,450 special inspections and 4,960 re-inspections. These inspections were made mostly at the clinics or in the schools.

### Audiometry

The routine testing by pure tone audiometry continued throughout the year and 1,476 children were examined by the “ pure tone sweep test.” The children who failed the test were referred to the school clinic for re-examination and the following is a summary of these examinations:—

No. of children tested .....	1,476
No. referred to clinic .....	45

Summary of children referred:—

Found on re-test to have normal hearing	15
For further observation .....	14
Referred to Aural Clinic .....	16

All the children referred to the Aural Clinic were seen by the Consultant Aural Surgeon and the following conditions were found and the necessary treatment recommended:—

Enlarged adenoids .....	5
Enlarged tonsils and adenoids .....	6
Otorrhœa .....	1
Deafness .....	1
Cerumen .....	2

### Colour Vision

Tests for colour vision using the Ishihara Charts were commenced in April. This test should be carried out on children in the 11 year old age group but until such time as all secondary school



children have had this test at the 11 year old level it is also being applied to children examined as leavers. During the year, 674 children in the 11 years age group were tested and 12 defects (10 boys, 2 girls) were observed. 692 leavers were tested and 26 defects (23 boys, 3 girls) were observed.

## Secondary Grammar Schools

All children are examined prior to entering grammar schools and the school nurses make an annual visit to test the vision and measure the height and weight of all pupils in these schools. The routine medical examination is restricted to children entitled to leave school at the end of the school year, but any child who is thought to require a special examination can be brought to the notice of the medical officers when they visit the school.

The following table gives a summary of the results of the leavers examination and the defects found:—

Number of leavers examined .....	166
General condition of leavers examined:—	
Satisfactory .....	166
Unsatisfactory .....	—
Defect or Disease Requiring Treatment:—	
Eyes:	
Vision .....	2

In addition 19 children were examined as specials.

## Uncleanliness Examinations

During the year, a total of 49,316 cleanliness inspections were made and 3,918 re-inspections of children were found necessary following the first examination. The total number of inspections made compares with 47,816 and 4,966 re-inspections carried out in the previous year.

Statistically there is little change to report. The number of individual children found to be infested has varied very little during recent years though the present figure of 1,315 (7.13% of the school population) is actually the highest during the past five years, the lowest percentage during this period being 5.92. To make these inspections the school nurses made 285 school visits for first inspections and 294 visits for re-inspections.

These figures do not give the full picture of the work involved in dealing with the problem of infestation. Health visitors and school nurses in their visits to homes advise parents on this matter. Some parents who are willing to bring their children to clinics for this purpose are shown how to cleanse the child's head and a number of children are inspected frequently and cleansed when required during the illness or other incapacity of the mother.

For routine work the combined use of an insecticide containing dicophane and pyrethrums and a suitable comb has been found to be satisfactory. Both insecticide and combs are on sale to parents at the school clinics.

As noted previously, the heavily infested head with impetigenised sores is now uncommon. Compulsory cleansing in accordance with Section 54 of the Education Act, 1944, is required less frequently than was the case a few years ago but during the year the parents of a family who were persistently infested were prosecuted under this Section. A fine of ten shillings was imposed in respect of each of three children.

## EMPLOYMENT OF SCHOOL CHILDREN

A report on each of the 1,109 children examined as leavers was sent to the Youth Employment Officer. Types of work for which any child is, in the opinion of the Medical Officer, physically unsuited are indicated.

The list of medical contra-indications issued by the Central Youth Employment Executive has been in use throughout the year. It was considered necessary to exclude 108 children from one or more of the following categories of work:—

1 Heavy manual work .....	11
2 Sedentary work .....	—
3 Indoor work .....	—
4 Work involving prolonged standing much walking or quick movement from place to place .....	—
5 Exposure to bad weather .....	7
6 Work involving wide changes in temperature .....	—
7 Work in a damp atmosphere .....	5
8 Work in a dusty atmosphere .....	7
9 Work involving much stooping .....	1
10 Work near moving machinery or moving vehicles .....	5
11 Work at heights .....	2
12 Work requiring normally acute vision .....	43
13 Work requiring normal colour vision .....	17
14 Work requiring the normal use of hands .....	1
15 Work involving the handling or preparation of food ...	1
16 Work requiring freedom from damp hands or skin defects	—
17 Work requiring normal hearing .....	8

Copies of confidential school medical reports are also supplied on the application of a school leaver's medical practitioner.



In addition, children are medically examined as regards the suitability of their entering employment outside school hours. The number examined during the year was 403, and the occupations were as follows:—

Newspaper delivery .....	360
Errand Boys .....	8
Dancing and Acting .....	9
Shop Assistants .....	24
Farmers' Boys .....	2

## CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES

At the request of the Director of Education appointments or home visits are made in cases of prolonged school absence. In almost every case there is consultation with the medical practitioner with beneficial results and, in some cases, special treatment is arranged for the case under review.

The co-operation and help of teachers, the inspector of the local branch of the N.S.P.C.C. and others connected with the welfare of children has been greatly appreciated.

The number of parents or other relatives attending the periodic medical inspections is as follows:—

	1955			1956	
Entrants .....	1,603	92.71%	...	1,788	95.2 %
11 year old .....	1,140	74.12%	...	1,101	72.48%
Leavers .....	154	14.21%	...	163	14.69%

## HOSPITAL AND SPECIALIST SERVICES

The Child Guidance and Orthoptic Clinics are the only specialist services maintained by the Education Committee. Other specialist provision is made by the Manchester Regional Hospital Board through the Oldham and District Hospital Management Committee which provides an Orthopædic Clinic at Gainsborough Avenue where school children can attend, and a Pædiatric Out-Patients' Clinic at the Oldham and District General Hospital which is held each Monday afternoon and Wednesday morning.

The Consultant Pædiatrician, Dr. D. Hilson, is employed in a consultative capacity. Under this arrangement he gives advice and submits any special reports that may be required by the Principal School Medical Officer. In this field it is particularly necessary that there should be personal discussion regarding the treatment and disposal of handicapped and other children. This is affected by Dr.

Hilson having regular meetings with the Principal School Medical Officer and his staff when such problems are discussed. Co-operation is further effected by the Senior Medical Officer, Dr. J. Starkie, making regular visits to the pædiatric ward at the Oldham and District General Hospital when Dr. Hilson conducts a ward round.

A Consultant Aural Clinic is held at Scottfield each Friday morning and children are seen by appointment. The clinic is staffed by the School Health Service personnel but the Consultant, Mr. J. Norman Appleton, attends by arrangement with the Manchester Regional Hospital Board.

In order that Mr. Appleton's advice and help may be available for services outside the scope of the National Health Service Act, particularly the examination and reporting upon deaf and partially deaf children, Mr. Appleton has been appointed Consultant Aural Surgeon.

Under the National Health Service any person requiring an individual hearing aid receives this free, and children in need of such an appliance are referred to the Hearing Aid Centre, Hardman Street, Manchester. In the course of the year 4 children were recommended for, and provided with, individual hearing aids.

Dr. F. Janus is employed as Consultant Ophthalmic Surgeon and undertakes the examination of blind and partially sighted children and also supervises the children in the special school for partially sighted children.

The prescribing and dispensing of glasses has continued to remain with the Local Executive Council, the children being refracted and tested at the Scottfield Clinic.

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## ARRANGEMENTS FOR TREATMENT

Arrangements to secure the availability of comprehensive free medical treatment, other than domiciliary treatment, for all pupils for whom the authority accept responsibility included the following:—

### Minor Ailments—School Clinics

The two school clinics at Gower Street and Scottfield have been open daily during school days, and on several days in the school holiday periods, for the treatment of minor ailments and the carrying out of special examinations. During the year, 1,480 children made 7,405 attendances for treatment.

In addition to the treatment of minor ailments, special examinations of children referred by school nurses, teachers, parents, and attendance officers, are carried out by the medical officers at the school clinics.



The school nurses attend to cleansing the heads of children referred to the clinic for this purpose.

Particulars of the cases are given in Table IV.

## Scabies

The number of cases in school children totalled 31 compared with 16 in the previous year. Every effort is made to treat other members of the family who may be affected. Facilities for treatment are provided at the Gower Street Clinic and at the Health Yard, the facilities at the latter premises being used for the treatment of adult males.

The total numbers treated, which includes cases referred by general practitioners, are as follows:—

Pre-school children .....	8
School children .....	31
Adults:—	
Male .....	—
Female .....	7
	— 7
	—
	46
	—

## Ringworm of the Scalp

No cases of this disease came to notice during the year.

## General Hospital Treatment

Children requiring treatment are referred to the Oldham Royal Infirmary or the Oldham and District General Hospital. If requiring in-patient treatment they are usually admitted to the Children's Wards at these hospitals. The Senior Assistant School Medical Officer has continued to visit school children in the Oldham and District General Hospital.

## Eye Diseases—Visual Defects

### Ophthalmic Clinic

This clinic is held at Scottfield and Dr. N. MacInnes and Dr. L. B. Hardman have continued to hold regular weekly sessions.

During the year, 1,830 examinations were made (Dr. MacInnes 745; Dr. Hardman 1,085) and spectacles were prescribed or changed in 1,374 cases.

Children with extremely poor vision are referred to Dr. F. Janus, Consultant Ophthalmic Surgeon, in order to ascertain whether they would be suitable for admission to the Partially Sighted School.

Children with squint are now referred to the Orthoptic Clinic for investigation and treatment. Children who require other investigation or treatment are referred to the Ophthalmic Clinic at the Oldham Royal Infirmary.

### Orthoptic Clinic

Miss K. S. Roberts continued to undertake eight sessions per week throughout the year. Dr. F. Janus is the Consultant responsible for the Clinic.

I am indebted to Miss Roberts for the following details:—

The Scottfield Orthoptic Clinic is now open for four days a week, and has 632 patients whose ages range from 2-15 years. It is pleasing to see that many infants and pre-school children are being referred to the Clinic as soon as the squint is noticed; this should ensure a better result in the end.

This year there have been more patients discharged from the Clinic than in previous years and this, I feel, is due to the fact that many children have been attending the Clinic for several years and they obtained sustained benefit from the orthoptic treatment and exercises. It is satisfying to see so many children ready for discharge.

When the Clinic re-opened in October, 1955, there was a long list of children awaiting orthoptic treatment. This has been reduced and at the end of the year 40 children were waiting approximately seven months for treatment. It is hoped to reduce this list considerably during the next few months.

I have continued the practice of visiting the Oldham Royal Infirmary to consult Dr. Janus regarding problems arising from the treatment given to children attending the Clinic.

In certain cases, operative treatment is advised and these children receive treatment at the Oldham Royal Infirmary and are admitted without undue delay. During the year, 23 children received such treatment and at the end of the year 21 children were awaiting admission.

The following figures relate to the work of the clinic throughout the year:—

Cases on register, 1st January ..... 539

Cases referred during the year:—

Manchester Royal Eye Hospital .....	3
Oldham Royal Infirmary .....	66
Scottfield Ophthalmic Clinic .....	90
Ophthalmic Medical Practitioners .....	1



## Cases removed from register:—

Cured .....	35	
Cosmetically very good .....	9	
Left the district .....	13	
Withdrawn by parent .....	4	
Left School .....	7	
Died .....	1	
	—	69
Cases on Register, 31st December .....		632

## Attendances during the year:—

Treatments .....	497
Occlusions .....	450
Tests .....	624
Observations .....	820
	— 2391

**Ear, Nose and Throat Defects**

Children found to be suffering from these defects are referred to the Scottfield Aural Clinic, and by arrangement with the Manchester Regional Hospital Board, Mr. J. N. Appleton, Consultant Aural Surgeon to the Oldham and District Hospital Group, holds a weekly session. Children attend by appointment and any treatment prescribed is usually carried out at the school clinics. In cases where in-patient treatment is necessary, copies of the case notes are forwarded to the hospital and the name is immediately placed on the waiting list for admission.

During the year, 42 sessions were held and 135 new cases were examined. The total number of attendances was 479.

Children found to require operative treatment are admitted as in-patients to the Oldham and District General Hospital or the Oldham Royal Infirmary.

At the beginning of the year 32 children were awaiting operative treatment for tonsils and/or adenoids, and at the end of the year this number was 53.

The number of children receiving operative treatment during the year was 82 compared with 146 in the previous year.

**Orthopædic Defects**

The arrangements for school children to receive treatment at the Orthopædic Clinic, Gainsborough Avenue, have continued. Mr. J. N. Nish, the Orthopædic Surgeon, is the Consultant responsible for the clinic but a weekly session is held by Dr. M. F. Johnstone. The majority of cases require advice and exercises and only a few cases require surgical treatment.

During the year, 65 school children were referred to the clinic for the following defects:—

Defect	No. of Cases
Flat Feet .....	17
Inverted Feet .....	5
Everted Feet .....	2
Other Foot Deformities .....	2
Knock Knee .....	23
Hammer Toes .....	1
Other Deformities of Toes .....	6
Postural Defects .....	7
Spastic .....	1
Depressed Sternum .....	1

## Hospital Schools

At the beginning of the year, 8 school children (4 boys and 4 girls) were in hospital schools.

During the year, information was received that 13 school children (7 boys and 6 girls) were admitted to these schools for the following conditions:—

Pulmonary tuberculosis .....	6
Tuberculous joints .....	2
Tuberculous mesenteric glands .....	1
Pseudo hypertrophic muscular dystrophy .....	1
Rheumatic carditis .....	1
Equino-varus deformity both feet .....	1
Cerebral palsy .....	1

There were 11 children (6 boys and 5 girls) discharged from these schools during the year.

At the end of the year, 10 children (5 boys and 5 girls) were in the following hospital schools:—

Wrightington Hospital School .....	4
Abergele Sanatorium School .....	1
Biddulph Grange Orthopædic Hospital School .....	2
Booth Hall Hospital School .....	1
Leasowe Children's Hospital School .....	1
Lakeview Children's Hospital School .....	1

## Convalescence

Arrangements exist for selected school children to be sent for convalescence and the cost is met by the Education Committee. The usual period of convalescence is four weeks but this is extended in special cases.



During the year, 6 children (3 boys and 3 girls) were sent to the following convalescent homes:—

Taxal Edge Convalescent Home .....	2
Tanllywynfan Home, Colwyn Bay .....	1
West Kirby Children's Convalescent Home .....	3

## CHILD GUIDANCE

I am indebted to Dr. Dale for the following report and statistics:—

The Child Guidance Clinic is held at 60, Gainsborough Avenue, and Dr. M. J. Dale, the Medical Director, attends for four regular sessions per week. Mr. Pickles, Educational Psychologist, resigned in January in order to take up the appointment of County Clinic Psychologist in the Child Guidance Service of the West Riding of Yorkshire, and the Clinic was without a Psychologist until the middle of March, when, we are pleased to report, Mr. Worthington took over the part-time work as Psychologist in the Clinic. There was no Psychiatric Social Worker until the middle of April, when Mrs. Rose, a fully qualified Psychiatric Social Worker, approached me in order to get some experience in this Clinic. She did some part-time work until the end of July, and from then on again the Clinic had to labour under shortage of staff. The psychiatric social work had to be carried out partly by the Educational Psychologist, and partly by myself.

There is hardly any waiting time for new cases to be seen for examination diagnosis and recommendation. The waiting list for treatment is also kept as low as possible by periodic review of all cases on the various waiting lists, and by continuing group therapy on careful selection of suitable patients.

One hundred and fifteen cases were dealt with during the year, and the following table shows the grouping of intelligence quotients of one hundred and eight of these children. Not all of the 115 cases were tested because some of the files had to be closed before a test could be arranged.

I.Q.	Boys	Girls	Total
Untestable .....	1	1	2
70 and under .....	2	2	4
71—85 .....	8	11	19
86—95 .....	19	6	25
96—114 .....	23	11	34
115—129 .....	13	4	17
130 and over .....	5	2	7
—	—	—	—
	71	37	108
—	—	—	—

The Educational Psychologist visited the schools in the case of the referred children, and in this way, good contacts were upheld with a number of headmasters and head teachers of infant, junior, secondary modern and grammar schools, during which behaviour problems, and handling of disturbed children could be discussed.

The Oldham Child Guidance Clinic belongs to the Association of the Child Guidance Clinics for the North of England and Wales, which is affiliated to the National Association for Mental Health.

#### NUMBER OF CASES REFERRED OR RE-OPENED ... 50

Sources of reference:—

Director of Education .....	5
School Medical Officers .....	24
General Practitioners .....	12
Hospitals .....	6
Others .....	3

#### RECOMMENDATIONS ..... 51

(including one case from previous year)

(a) Treatment .....	20
(b) Environmental adjustment .....	1
(c) Cases to be reviewed .....	1
(d) Cases closed after investigation .....	22
(e) Investigation incomplete at 31st December	4
(f) Awaiting examination at 31st December ...	3

#### TREATMENT CASES

Awaiting treatment 1st January .....	15
Treated during year .....	26
Under treatment at 31st December .....	5
Awaiting treatment at 31st December .....	27

The following figures relate to the work of the staff during the year:—

#### Medical Director—Psychologist

Treatments given .....	136
Diagnostic interviews .....	44
Psychiatric interviews (when no P.S.W.) .....	111
Visits to schools .....	5
Other interviews .....	26

#### Educational Psychologist

Psychological Tests:—

Preliminary .....	43
Re-tests .....	10
Observation interviews .....	57
Visits to schools .....	15
Visits to homes .....	3
Other interviews .....	2



**Psychiatric Social Worker**

Social histories .....	38
Interviews .....	50
Visits to schools and homes .....	2

**Additional Work in the Schools**

Tests and assessments at schools .....	1
Number of reports .....	44

**SCHOOL DENTAL SERVICE**

Again it has not been possible to maintain the comprehensive service provided in previous years and though every possible step has been taken in an endeavour to engage full-time dental staff, we have been unable to fill the two vacancies for assistant dental officers.

I am indebted to Mr. James Fenton, Principal School Dental Officer, for the following report:—

In February, Mr. L. Ordman, L.D.S., who was employed in a part-time capacity (five sessions per week) resigned his appointment as Assistant Dental Officer.

Mrs. J. Gibson, L.D.S., was appointed full-time Assistant Dental Officer but in August applied to change her appointment to part-time and commenced in this capacity (five sessions per week) in October.

In September, the Ancillary Services Sub-Committee agreed to engage the services of Dr. T. W. Sherratt who is employed as a School Medical Officer and holds a dental qualification to undertake evening sessional work in the School Dental Service. It was agreed that Dr. Sherratt should undertake one evening session per week and he commenced duties in January of the following year.

Mrs. J. Hughes, Dental Attendant, who had been with the Service for five years, resigned her appointment in October.

In September, Mrs. F. Aitkin was appointed Temporary Dental Attendant and in October Mrs. Dobson was appointed part-time Dental Attendant (six sessions per week).

Once again it must be reported that it has not been possible to bring the dental staff up to the approved establishment. For a considerable part of the year the dental staff has been the equivalent of two and a half full-time dental officers. Consequently, it has not been possible to expand the School Dental Service and the orthodontic service has again suffered.

As previously reported, the few available recruits to the School Dental Service are able to select appointments with authorities which are residentially more attractive.

Inability to obtain the services of full-time dental officers has resulted in many authorities appointing dentists in a part-time capacity. Unfortunately, the general dental service practitioners are also endeavouring to cope with an overwhelming demand for dental treatment and as a result, few practitioners are able to assist the School Dental Service to any appreciable extent.

In April, the Dental Whitley Council (Local Authorities) announced an increase in the salary scales of dental officers employed by local authorities but this does not appear to have increased recruitment to the School Dental Services.

Reduced staffs and an increased demand for dental treatment (many children are unable to obtain treatment through the general dental service) is creating a very serious problem. The increase in dental decay and the inability of the School Dental Service to visit the schools at reasonably short intervals has resulted in an ever increasing number of children attending the clinics for the relief of toothache.

The publication of the "Report of the Committee on Recruitment to the Dental Profession" was announced this year. This Committee was set up by the Government under the Chairmanship of Lord McNair.

One recommendation of this Committee is that a comprehensive national programme of dental health education should be instituted. This would be an admirable scheme if, by the teaching of oral hygiene, etc., it was possible to reduce the incidence of dental decay. On the other hand, the stimulation of interest in dental health with an increased demand for dental treatment which could not be provided by the present number of dental practitioners would only lead to a greater sense of frustration among the general public.

Another recommendation of the McNair Committee is for increased accommodation for dental students at the teaching hospitals and universities. Until this problem is solved it will not be possible to keep the number of dentists on the dental register at its present strength. The number of dentists ceasing to practice each year is greater than the number of dentists qualifying annually.

This year has seen the passage through Parliament of the Dental Act, 1956. This has resulted in the formation of the General Dental Council which now gives the dental profession complete autonomy.

One clause of the Dental Act, 1956, which is of great importance to the School Dental Service is the one which permits the training and employment of dental ancillary workers. These partially trained ancillaries will be allowed to carry out certain dental operations and would be employed in the dental services of local authorities and the hospital dental service. In addition, they must work under the



supervision of a full trained dental surgeon. They would be similar in many respects to the school dental nurses employed in the New Zealand School Dental Service.. In order to train these ancillary workers it will be necessary to appoint teaching staffs and to acquire suitable premises. It is obvious, therefore, that any help from these ancillary workers will be some considerable time before it becomes effective.

The suggested employment of partially trained personnel has caused much controversy in the dental profession. Many consider that expansion of the dental schools for the training of fully qualified dentists, together with increased financial grants to prospective dental students, would be a sounder policy.

Whichever policy is to be adopted it is a matter of great urgency if the School Dental Service is to carry out efficiently its obligations under the Education Act.

The Maternity and Child Welfare Services are provided by the staff of the School Dental Service. The reduction of the dental staff has resulted in a reduction of the amount of time available for these services.

The early age at which many children develop dental decay is shown by the number of pre-school children who are brought to the dental clinics complaining of toothache. Of 335 pre-school children examined, 316 were found to require treatment. Several of these children had to have teeth extracted before they had completed the eruption of their deciduous teeth. The age groups of the children examined were :—

1 year .....	6	3 years .....	149
2 years .....	29	4 years .....	151

The foundation of a School Dental Service should be the provision of an efficient dental service for pre-school children.

## Equipment

The policy of replacing old equipment at the school dental clinics has continued. During the year the main items purchased were two Servitor units and a new type of spittoon.

## Dental Inspection

Details of these inspections are to be found in the Ministry of Education Medical Inspection Returns (Table V).

(a) **Periodic Inspections.** — During the year, 5,985 children received a periodic dental inspection. Of the children inspected, 4,367 were found to have dental defects and 3,610 were referred for treatment. It is not possible to refer for treatment all children with

dental defects of the temporary dentition and a policy has to be adopted whereby the elimination of sepsis and pain are the main consideration.

The dental inspections were carried out on school premises and use of a portable light has greatly helped, particularly during the winter months.

(b) **Special Inspections.** — During the year, 4,504 children received special inspections at the dental clinics. These are usually children who have developed toothache or who attend the clinics for advice re dental care.

In order to reduce the number of these cases it is necessary to have a fully staffed service and to conduct routine inspections at schools at twelve-monthly intervals or less if possible. The longer the period between periodic inspections, the greater will be the number of "specials."

## **Dental Treatment**

Details of the dental treatment carried out are to be found in the Ministry of Education Medical Inspection Returns (Table V).

Of the 7,597 children referred for treatment following periodic and special inspections, 5,694 accepted and received treatment and the total number of attendances was 12,564.

4,661 fillings were inserted in permanent teeth and 394 fillings were put in temporary teeth. There has been a drop in the number of fillings inserted in temporary teeth as compared with the previous year (426). This type of work is the first to be sacrificed when the staffing arrangements are inadequate.

The number of permanent teeth extracted was 3,467 as compared with 2,764 for the previous year. Many of these teeth were extracted for orthodontic reasons. It was necessary to extract 7,578 temporary teeth.

During the year, 139 general anæsthetic sessions were held and 1,605 school children received a general anæsthetic for the extraction of teeth. In addition, pre-school children and expectant and nursing mothers also received treatment at these sessions. The services of Dr. G. Mason-Walshaw, Consultant Anæsthetist, are particularly valuable at these sessions when very young children or children with poor medical histories attend.

## **Orthodontic Treatment**

During the year, 58 sessions have been devoted to orthodontic treatment, i.e., treatment for the correction of irregular teeth and mal-occluding jaws. This work remains very popular with children and parents alike and is a most important aspect of juvenile dentistry.



Unfortunately this work has to be kept to a minimum due to the adverse staffing conditions.

The following is a summary of the work undertaken during the year:—

New cases commencing treatment ...	95
Cases completing treatment .....	63
Attendances .....	961
"Fixed" appliances fitted .....	11
"Removable" appliances fitted .....	116
"Mouth screens" fitted .....	15

### **X-ray Examinations**

Full use has been made of the X-ray unit installed at Cannon Street Clinic and 361 films were taken.

### **Dentures, Crowns**

Ninety-one partial dentures were constructed for children who had lost front teeth, usually as a result of accidents.

Eleven crowns were fitted to front teeth—which usually had been fractured.

Five protective caps were fitted to broken front teeth in order to protect them until the children are old enough for some type of permanent restoration.

### **Hospital and Consultant Facilities**

Children who require consultant advice and treatment are referred to Mr. W. C. Mellor, F.D.S., Consultant Dental Surgeon to the Oldham Hospital Group, and are seen at his clinic at the Oldham and District General Hospital. Under this arrangement, 8 children were referred. In addition, 2 children were referred to the Manchester Dental Hospital.

The Principal School Dental Officer is also on the staff of the Oldham and District General Hospital and in cases where treatment under hospital conditions would be more beneficial, these children are admitted under his care.

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## **INFECTIOUS DISEASES**

The following table shows the number of cases and deaths occurring in children (resident in Oldham and attending schools and nursery classes under the control of the Education Committee and also Oldham children attending schools maintained by the adjacent authorities) from certain infectious diseases:—



DISEASE	1956		Nursery Schools and Classes	PRIMARY SCHOOLS		SECOND- ARY SCHOOLS	ADJACENT AUTHORITIES		
	Cases	Deaths		Infant Depts.	Junior Depts.		Infant Depts.	Junior Depts.	S'c'd'y Schools
Meningococcal Infections ... ..	1	—	—	—	—	—	1	—	—
Dysentery ... ..	78	—	—	53	18	4	—	2	1
Diphtheria... ..	—	—	—	—	—	—	—	—	—
Measles ... ..	60	—	—	48	8	3	—	1	—
Scarlet Fever ... ..	106	—	1	46	39	18	1	1	—
Whooping Cough ...	7	—	—	3	2	—	1	1	—
Poliomyelitis ... ..	6	—	—	2	3	—	—	1	—
Tuberculosis —									
(a) Pulmonary	5	—	—	3	1	1	—	—	—
(b) Other forms	4	—	—	—	3	1	—	—	—

## Diphtheria

No case occurred during the year.

## Diphtheria Immunisation

The previous arrangements for diphtheria immunisation have been continued and immunisation sessions are held in schools and at the school clinics.

The majority of children are immunised prior to school entry and it cannot be emphasised too strongly that children should receive this protection in infancy.

To maintain immunity against diphtheria during the period of their school life, it is essential that children immunised in infancy should receive two reinforcing injections, the first during their sixth year (on entering school) and the second during their eleventh year. This further protection is offered to all children.

The head teachers of the schools and their staffs have afforded the staff of the Department every assistance in this work.

The following figures indicate the number of children who received primary immunisation after entering school and also the number receiving reinforcing injections:—

### Primary Immunisation

5	6	7	8	9	10	11	12	13	14	15	
yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	yrs.	Total
123	31	26	25	13	27	20	6	1	—	—	272

### Reinforcing Injections (1st and 2nd)

1,062.

## **Smallpox**

No case occurred during the year.

## **Vaccination Against Smallpox**

During the year, 291 children of school age received primary vaccination and 169 were re-vaccinated. These figures include 241 primary vaccinations and 152 re-vaccinations of school leavers who were offered vaccination.

## **Meningococcal Infections**

One case occurred during the year. A girl aged 6 years was admitted to hospital where the diagnosis of meningococcal meningitis was confirmed. She made a complete recovery and returned to school on discharge home.

## **Measles**

There were 60 cases notified compared with 588 in the previous year.

## **Scarlet Fever**

There were 106 cases notified compared with 177 in the previous year. Of the total cases, 66 occurred during the first three months of the year.

## **Whooping Cough**

There were 7 cases notified. None of these children had been immunised against whooping cough and no case occurred among the children attending nursery schools or classes.

## **Dysentery**

During the year, 78 cases of dysentery were notified and confirmed and in 77 cases the Sonn  organism was isolated.

During June and July an outbreak occurred at Hathershaw Infant School and 36 children were ascertained as confirmed cases, 35 being Sonn  positive. The outbreak was first brought to notice when positive cases at the school were reported to the Department by the laboratory. On enquiry at the school, it was ascertained that cases of diarrhoea had been occurring amongst the children. The outbreak was not associated with school meals but just prior to the outbreak cases of dysentery had occurred in an industrial nursery in the Hathershaw area. All confirmed cases were excluded from school until negative f eces specimens had been obtained.



## Acute Poliomyelitis

There were 6 cases of poliomyelitis (3 paralytic and 3 non-paralytic) notified and confirmed.

The cases of non-paralytic disease, a girl aged 8 years and 2 boys aged 4 and 12 years, made a complete recovery.

The cases of paralytic disease were boys aged 5, 7 and 12 years and each developed paralysis of both legs. The boy of 12 years made a complete recovery. The boy aged 5 on discharge from hospital attended as an out-patient and was subsequently admitted to the Scottfield Special School. The boy aged 7 was discharged from hospital with severe paralysis and continued with out-patient treatment but some months after discharge he was still unfit to attend school but was receiving home tuition. In the cases of the boys aged 5 and 7 the parents had consented to vaccination against poliomyelitis but the children were not in the selected age group.

## Poliomyelitis Vaccination

In January, the Minister of Health announced that a poliomyelitis vaccine was to be made available and requested all Local Health Authorities to make use of this vaccine. In the first instance the vaccine was only to be made available to children born between the years 1947 and 1954 (both inclusive). The vaccine was in such limited supply that only selected groups of children in this age range could be protected and these particular groups were selected centrally and Medical Officers of Health were to be advised accordingly.

The Health Committee did not delay in modifying their proposals under Section 26 and in February the parents of children in the age groups 2 to 9 years were offered vaccination through the press and a personal letter was circulated to all parents of school children in this age range. Owing to the prevalence of poliomyelitis in the summer months, vaccination was to be restricted to the months of May and June and resumed in November.

The parents of 2,457 children accepted vaccination but sufficient vaccine was only received to vaccinate 244 school children, 2 of whom only received one injection. These children were in the following age groups, which were selected centrally:—

- (i) Children born in November in the years 1947/1954 (inclusive).
- (ii) Children born in March in the years 1952/1954 (inclusive).
- (iii) Children born in August in the years 1947/1954 (inclusive).



## School Exclusion

Following the receipt of a Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness issued jointly by the Ministry of Education and Ministry of Health, the following revised rules for the exclusion from school of cases and contacts of infectious diseases were approved by the Ancillary Services Sub-Committee in October. These rules came into operation on the 1st January, 1957.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Scarlet Fever ...	7 days after discharge from hospital or home isolation but not less than 21 days from the onset of the disease subject to the patient being free from "cold in the head," discharge from nose or ear, sore throat or septic spots.	Children — no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
Diphtheria .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Measles .....	10 days from the appearance of the rash if child appears well.	Children attending nursery schools and classes should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes to be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
German Measles	7 days from the appearance of the rash.	No exclusion.
Whooping Cough ...	28 days from the beginning of the characteristic cough.	Children attending infant and nursery schools and nursery classes to be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded. Where there is proof of contacts having been immunised against whooping cough, exclusion is not necessary.

Disease	PERIODS OF EXCLUSION	
	Cases	Contacts
Mumps .....	7 days from the subsidence of all swelling.	No exclusion.
Chicken Pox ...	14 days from the date of appearance of the rash.	No exclusion.
Smallpox .....	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.
Poliomyelitis ...	6 weeks. Will usually require much longer period for recovery.	21 days.
Encephalitis .....	6 weeks.	21 days.
Meningococcal Infection ...	6 weeks.	21 days.
Typhoid Fever Dysentery Food Poisoning	To be excluded until the Medical Officer of Health pronounces the patient fit to return to school.	All contacts must be excluded until re-admitted on the written authority of the Medical Officer of Health.

### B.C.G. Vaccination

Under the Health Committee's proposals for the Prevention of Illness, Care and After-Care, the following arrangements are in operation:—

**Vaccination of Contacts.**—In accordance with Ministry of Health Circular 72/49, arrangements are made for selected contacts of known tuberculosis cases to receive this form of vaccination. The arrangements are under the control and supervision of Dr. H. S. Bagshaw, Chest Physician. During the year, 38 school children (20 males, 18 females) who were found to be Mantoux negative received B.C.G. vaccination. Subsequent Mantoux tests were positive.

**Vaccination of School Children.**—In accordance with Ministry of Health Circular 22/53 the vaccination of older school children has been continued. The parents of children who would reach 13 during the year were offered B.C.G. vaccination. The arrangements are under the control of the Medical Officer of Health and medical officers who have received special instruction in B.C.G. vaccination undertake these duties.



The following figures relate to the work undertaken during the year:—

No. of children offered B.C.G. ....	1494
No. of acceptances .....	971
Percentage accepting .....	65
No. excluded on medical grounds .....	17
No. completing skin testing .....	946
No. positive .....	225
Percentage positive .....	24
No. negative .....	721
No. receiving vaccination .....	704
No. positive at subsequent skin test .....	691

The 13 children who were not Mantoux positive following vaccination were still being followed-up at the end of the year.

## Pulmonary Tuberculosis

During the year, 4 school children were notified and accepted as tuberculosis minus (sputum negative or absent) but in one of these cases a gastric lavage subsequently proved positive. In addition, one child was notified as a case of pulmonary tuberculosis (sputum positive).

No deaths occurred from pulmonary tuberculosis.

### Case 1/56

A boy aged 8 years attending the Chest Clinic as a home contact of a positive case was diagnosed—pulmonary tuberculosis. He was admitted to Abergele Sanatorium where a gastric lavage proved positive. He was subsequently discharged as free from infection and returned to school.

### Case 2/56

A girl aged 5 years attending the Chest Clinic as a home contact of a positive case was diagnosed—pulmonary tuberculosis, and admitted to Astley Sanatorium. Before the end of the year she was discharged and considered fit to attend school.

### Case 3/56

A girl aged 14 years was referred to the Chest Clinic and diagnosed—pulmonary tuberculosis (sputum positive). It was ascertained that the father had died from pulmonary tuberculosis seven years previously. She was admitted to Racefield Sanatorium and was still resident there at the end of the year.



**Case 4/56**

A boy aged 6 years attending the Chest Clinic as a home contact of a positive case was diagnosed—pulmonary tuberculosis and admitted to Astley Sanatorium. At the end of the year he was discharged and considered fit to attend school after the Christmas holiday.

**Case 5/56**

A girl aged 5 years attending the Chest Clinic as a home contact of a positive case was diagnosed—pulmonary tuberculosis and admitted to Abergele Sanatorium. She was still resident there at the end of the year.

In addition to the above cases, the following case was also notified and confirmed:—

A girl in the Occupation Centre, aged 11 years, was attending the Chest Clinic as a home contact of a positive case and diagnosed—pulmonary tuberculosis. Sanatorium treatment was not considered necessary. Her condition improved and she returned to the Occupation Centre after the Christmas holidays.

**Non-Pulmonary Tuberculosis**

During the year, four cases were notified and accepted. The following table shows the localisation of the disease in age groups:—

	5-10 Years	10-15 Years	Total
Bones and Joints .....	2	—	2
Abdomen .....	1	1	2
Meninges .....	—	—	—
Peripheral Glands .....	—	—	—
Other Organs .....	—	—	—
Generalised .....	—	—	—
Skin .....	—	—	—
	<hr/> 3	<hr/> 1	<hr/> 4

The two cases of bones and joints disease were boys aged 8 and 9 years. The boy aged 8 years was admitted to Wrightington Hospital with tuberculous synovitis of the left knee. The boy aged 9 years was admitted to Oldham Royal Infirmary with tuberculosis of the ankle and was subsequently transferred to Wrightington Hospital. Both boys were still receiving in-patient treatment at the end of the year.

A boy aged 9 years was admitted to Oldham Royal Infirmary for appendicectomy and found to be suffering for tabes mesenterica. He made a good recovery and after discharge was admitted to the Strinesdale Open Air School. A boy aged 11 years was admitted to Oldham Royal Infirmary for laparotomy and found to have a large

tuberculous mesenteric gland. He was transferred to Wrightington Hospital and at the end of the year was still receiving in-patient treatment.

### **Tuberculosis—Special Investigations in Schools**

The combined use of Mantoux testing and miniature X-ray examination provides a valuable approach in the tracing of contacts and the ascertaining of early or missed cases of pulmonary tuberculosis where a known source of infection exists.

#### **Investigation 1/56**

In July, a girl in a secondary modern school was notified as suffering from pulmonary tuberculosis (sputum positive). The parents of all children attending the school and the staff were advised of the facilities available. Of the 359 children on the register, the parents of 238 consented to skin testing and, if considered necessary, an X-ray examination of the chest. The Medical Director of the No. 6 Mass Miniature Radiography Unit of the Manchester Regional Hospital Board willingly agreed to undertake the X-ray examinations and the children and staff were provided with transport to the Unit. As a result of this investigation, one child was referred to the Consultant Chest Physician and though not accepted as a definite case of pulmonary tuberculosis was admitted to Hefferston Grange Sanatorium for observation and was still there at the end of the year.

	Investigation
<b>No. of Children</b>	<b>1/56</b>
Mantoux tested .....	135
Mantoux negative .....	88
Mantoux positive .....	47
Mantoux positive (previous tests) .....	103
X-rayed .....	154
<b>No. of Staff</b>	
X-rayed .....	13

The children Mantoux positive at previous tests are those whose parents had consented to B.C.G. vaccination.

### **DEATHS IN SCHOOL CHILDREN**

During the year, five deaths occurred in Oldham children attending schools maintained by the Education Authority. The following are brief details of these cases:—

**Case 1—**A girl aged 5. Death was due to:—

1 (a) Cerebral abscess.

This girl was admitted to hospital with a history of irritability, headaches and vomiting and later transferred to the care of a neuro-surgeon. The diagnosis of cerebral abscess was made and surgical treatment carried out but her condition deteriorated and she died some months later. The diagnosis was confirmed at post-mortem examination.



**Case 2**—A boy aged 9. Death was due to:—

- 1 (a) Extra dural hæmatoma. Cerebral œdema. Ruptured meningeal artery after falling from pedal cycle. Accidental death.

Inquest.

**Case 3**—A boy aged 4. Death was due to:—

- 1 (a) Medulloblastoma cerebellum.

This boy was admitted to hospital with a history of headaches, vomiting and abdominal pain over a period of six weeks and subsequently transferred to the care of a neuro-surgeon. He died four weeks after admission to hospital, and the diagnosis was confirmed by post-mortem examination.

**Case 4**—A boy aged 8. Death was due to:—

- “Shock and hæmorrhage from multiple injuries caused by being accidentally knocked down by a motor omnibus.”

Inquest.

**Case 5**—A girl aged 7. Death was due to:—

- “Asphyxia due to carbon monoxide poisoning caused by inhaling coal gas from a service pipe which had been fractured. (Misadventure).”

Inquest.

In addition to the above deaths, the following death was also registered:—

A boy aged 15. Death was due to:—

- “Subarachnoid hæmorrhage due to rupture of cerebral aneurysm.”

He was taken suddenly ill with headache, and vomiting and within a few minutes collapsed and died. The post-mortem examination showed a massive subarachnoid hæmorrhage and a small aneurysm on the left middle cerebral artery had ruptured.

This boy attended a non-maintained school.

## NURSERY SCHOOLS AND CLASSES

The three nursery schools—Limeside, Derker and Roundthorn—provided 40 places each for children aged 2-5 years. The three nursery classes—St. Anne's, Richmond and Watersheddings—provided 30 places each for children aged 3-5 years.

The facilities of the School Health Service are available to the children attending these schools and classes. During the year the medical officers made 26 routine visits.



## **HANDICAPPED PUPILS**

The early ascertainment of the handicapped pupil is one of the most important functions of the School Health Service, and the provision of special education for these children is the duty of the Education Authority. Efficient and comprehensive provision continues to be made for these children and the facilities available are fully described in subsequent pages of the report.

Some pupils can be ascertained in early infancy, this especially applies when the cause of the defect is congenital or present at birth. The Health Visitors are fully alive to the importance of such children being ascertained at the earliest age and if, in their opinion, any child comes into this category, they submit a special report so that the most appropriate action can be taken.

A number of these pupils are found at the first periodic medical inspection, others are referred by Head Teachers for medical opinion shortly after school entrance. The more efficient early ascertainment is the fewer will be the cases found at subsequent periodic inspections. A number of pupils are brought to notice after illness or prolonged hospital treatment.

In all cases of handicap it is necessary that experienced officers, and in certain cases a Consultant, should examine the child before a final decision is made. This procedure is strictly followed and each case is most carefully reviewed before a decision is finally made.

### **Pupils Suspected of Deafness**

Children suspected of deafness are brought to the notice of the Medical Officers through the usual channels, but before such cases are accepted as handicapped pupils they are referred to Professor A. W. G. Ewing at the Department of Education of the Deaf, Manchester University. His help and advice is greatly appreciated. The Health Visitors and Medical Officers at the Welfare Centres are instructed to refer children suspected of deafness so that such children can be fully investigated at the earliest opportunity. During the year, 3 children were referred and the following recommendations received:—

- |  |   |
|--|---|
| (a) Admission to special schools for deaf pupils ..... | 2 |
| (b) For special observation .....                      | 1 |

### **Ineducable Children**

These children should be ascertained at an early age. Many of them have such a degree of mental defect that school attendance is never considered. A few may be admitted to an infant department

but such children should be soon discovered and referred for examination. In any case of difficulty or doubt the opinion of Dr. G. S. Robertson, the Consultant in Mental Deficiency, is obtained.

During the year four children (three aged 5 and one aged 8) were reported to the Local Health Authority as "ineducable."

**(a) Blind Pupils:—**

*"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."*

Pupils found to be blind are admitted to special residential schools. At the beginning of the year 4 boys were in the following schools:—

Liverpool School for the Blind .....	1
St. Vincent's School for the Blind .....	2
Henshaw's Institution for the Blind .....	1

No pupils were ascertained during the year and none admitted to or discharged from special residential schools.

**(b) Partially Sighted Pupils:—**

*"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight."*

These pupils are admitted to the Waterhead Partially Sighted School.

	Boys	Girls	Total
Number on register, 1st January .....	11	6	17
(4 from other areas)			
Number admitted during the year .....	1	1	2
(1 from other areas)			
Number discharged:—			
At age 15 .....	1	2	3
(1 from other areas)			
At age 16 .....	1	—	1
Number on register, 31st December ...	10	5	15
(4 from other areas)			

A boy aged 9 years was ascertained as requiring special education and was admitted to the school in November.

In September, one girl, aged 5 years, was admitted to the school at the request of the Lancashire County Council.



Two boys and two girls left during the year. One boy obtained work as a kitchen hand in a local cafe. The other boy was accepted for a course on farming at a training centre. Of the two girls who left school, one was learning the art of floral decoration whilst the other was serving as an assistant in a gown shop.

Dr. F. Janus, Consultant Ophthalmic Surgeon, at periodic intervals examines the children, and the Head Teacher of the school is also present to discuss any problems that may arise.

All children considered to be suitable for admission are also referred to him with a view to determining whether they would benefit from attendance at the school.

### (c) Deaf Pupils:—

*“Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.”*

These pupils are usually admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January..... (4 from other areas)	8	4	12
Number admitted during the year ..... (1 from other areas)	1	—	1
Number discharged during the year ... (— from other areas)	2	—	2
Number on register, 31st December ... (5 from other areas)	7	4	11

During the year, a boy aged 4 years was admitted to the school at the request of the Lancashire County Council.

During the year, two boys were discharged on reaching 16 years of age. One took up leatherwork and the other entered the joinery trade.

### Residential Special Schools

At the beginning of the year, five children (2 boys and 3 girls) were maintained by the Authority in the following residential special schools:—

St. John's Residential School, Boston Spa .....	1
Royal Cross School for the Deaf — Junior Department, Kirkham .....	3
Royal Residential Schools for the Deaf, Manchester .....	1



Two boys, both aged 3 years were accepted for admission to the Clyne House Section of the Royal Residential Schools for the Deaf, Manchester, following the recommendation from Professor Ewing that the boys needed special educational treatment. One boy was admitted in September, the other who was under the care of the Children Committee was taken out of care by his parents who lived in Manchester. The Manchester Education Authority accepted financial responsibility for his admission to the Royal Residential Schools for the Deaf.

No children were discharged from residential special schools during the year.

#### (d) Partially Deaf Pupils:—

*“Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.”*

These pupils are admitted to the Beaver Special School.

	Boys	Girls	Total
Number on register, 1st January .....	7	5	12
(4 from other areas)			
Number admitted during the year ...	—	1	1
(1 from other areas)			
Number discharged during the year ...	—	1	1
(1 from other areas)			
Number on register, 31st December ...	7	5	12
(4 from other areas)			

During the year, a girl aged 4 years was admitted to the school at the request of the Lancashire County Council.

One girl aged 16 years was discharged and commenced work in a local cotton mill.

A boy aged 9 years who was admitted to the Needwood Residential School, Burton-upon-Trent, in 1954 continued to attend there throughout the year.

A lip-reading class is held at the Beaver Special School. The children attending the class continue to attend their ordinary school but visit the Beaver Special School twice a week for lip-reading instruction. There were no children awaiting admission at the end of the year.

Mr. J. N. Appleton, Consultant Aural Surgeon, makes regular visits to the Beaver Special School. These visits afford an opportunity for problems concerning individual children to be

discussed between the teachers, the Consultant Aural Surgeon and the medical staff of the School Health Service. Mr. Appleton also sees all the children periodically and any special treatment that may be required is arranged through the Scottfield Aural Clinic or the Oldham and District General Hospital.

**(e) Educationally Sub-normal Pupils:—**

*“ Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.”*

Many of these children make satisfactory progress when placed in special classes in an ordinary school. At the beginning of the year there were four classes provided for such children, one (Beever County Junior School) for children between 7 and 9 years, two (Freehold County Junior School) for children between 7 and 11 years, and one (Waterloo Secondary Modern School) for children between 11 and 15 years. Each of the special classes provided 20 places and at the end of the year there was accommodation available for 80 children.

During the year, Dr. J. K. Doherty attended a course of instruction on the ascertaining of educationally subnormal children and mental defectives. He had not been approved by the Ministry of Education under Section 11 of the School Health Service and Handicapped Pupils Regulations, 1953, at the time of leaving the service of this Authority.

During the year, 184 examinations in respect of 170 children were carried out. These examinations are usually held at the Health Office, but some are carried out in the schools and, in special cases, home visits are made. The following is a summary of the recommendations made:—

(a) Found to be ineducable .....	3
(b) Requiring statutory supervision on leaving school	16
(c) For admission to Chaucer Special School .....	17
(d) For admission to Special Class .....	13
(e) For further supervision .....	104
(f) No further supervision required .....	31

**Residential Special Schools**

No children were attending residential special schools at the beginning of the year and there were no admissions during the year.



### Chaucer Special School

Educationally sub-normal children who require more specialised education than can be provided in a special class are admitted to the Chaucer Special School.

	Boys	Girls	Total
Number on register, 1st January .....	58	37	95
(20 from other areas)			
Number admitted during the year ...	10	13	23
(9 from other areas)			
Number discharged during the year ...	9	9	18
(4 from other areas)			
Number on register, 31st December ...	59	41	100
(26 from other areas)			
Children discharged during the year:—			
At age 16 .....	9	9	18
(4 from other areas)			

There were 4 children from other areas (Lancashire County Council 3, West Riding County Council 1) discharged during the year.

Of the 18 pupils discharged, 15 were notified to the Local Health Authority (Oldham 13, Lancashire County Council 1, West Riding County Council 1). There were 3 children who were not considered in need of supervision (Oldham 1, Lancashire County Council 2).

After leaving school, 15 children found suitable employment and 1 boy who was admitted to the male industrial centre for a few months was subsequently placed in employment.

In the case of 2 pupils (females) it was not possible to place them in suitable employment but one from the West Riding area was admitted to the Occupation Centre for further training pending suitable employment being found. The other girl had not been placed in suitable employment at the end of the year.

### (f) Epileptic Pupils:—

*“Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”*

No cases were ascertained as requiring admission to special residential schools during the year.

A girl aged 16 who was admitted to the Colthurst House Special School, Warford, Cheshire, during the previous year was notified to the Local Health Authority under Section 57 (5) of the Education Act.



**(g) Maladjusted Pupils:—**

*“ Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.”*

Children are referred to the Child Guidance Clinic for advice and treatment.

A boy aged 13 years continued to remain at the Arlesford Place Residential School for maladjusted children.

Four boys were ascertained as requiring admission to a hostel for maladjusted pupils. The first, a boy aged 7 years, was admitted to Brynbella Home, Rawtenstall. He was subsequently withdrawn and was returned to the care of the Children Committee. The remaining three boys were still awaiting places in special schools for maladjusted children at the end of the year.

**(h) Physically Handicapped Pupils:—**

*“ Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”*

Children whose physical disability renders it inadvisable that they should be exposed to the conditions of ordinary school life are admitted to the Scottfield Physically Handicapped School.

There were seven children admitted during the year with the following defects:—

Congenital heart disease .....	2		
Rheumatic heart disease .....	1		
Cerebral palsy .....	2		
Congenital dislocation left hip .....	1		
Kidney disease .....	1		
	Boys	Girls	Total
Number on register, 1st January .....	16	13	29
(13 from other areas)			
Number admitted during the year .....	5	2	7
(— from other areas)			
Number discharged during the year ...	8	3	11
(2 from other areas)			
Number on register, 31st December ...	13	12	25
(1 from other areas)			

Children discharged or died :—

At age 16 .....	3	1	4
Fit to attend ordinary schools ...	3	1	4
Admitted to hospital school .....	1	1	2
Died .....	1	—	1

A pupil aged 15 years who resided in the Lancashire County Council area and had been admitted to the school with a congenital heart defect was admitted to hospital in March and died in July.

### Residential Special Schools

Two children suffering from cerebral palsy were in special schools throughout the year. A boy aged 12 years with spastic diplegia continued to attend Singleton Hall School, Poulton-le-Fylde. A girl aged 10 years with spastic quadraplegia continued to attend Holly Bank Special School, Huddersfield.

### Home Tuition

A boy aged 11 years was receiving this form of tuition at the beginning of the year and tuition was continued throughout the year. A boy aged 7 years commenced home tuition in November. A boy aged 14 years was recommended for home tuition but this had not been commenced at the end of the year.

### (i) Pupils Suffering from Speech Defect:—

*“ Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.”*

Speech therapy is available on a sessional basis at the Gower Street Centre under the direction of the Speech Therapist, Miss J. E. Woodhead. The children continue to attend their ordinary schools whilst having speech therapy. The group therapy for stammerers is held on four afternoons per week, and children with other speech defects attend by appointment in the mornings.

Pre-school children found to have speech defects are also referred to Miss Woodhead, who arranges for an appointment to be made with the parent. It is not practical to treat children so young unless the case is exceptional but the parents are seen and advice is given.

I am indebted to Miss J. E. Woodhead for the following report :—

I should like to express my appreciation to the head teachers and teachers who have given the children attending for treatment their sympathy and support. Their willing co-operation has helped some of the cases to be brought to a successful conclusion.



It is noticeable that older children with one or two defects of articulation are being presented for treatment. As a rule they respond quickly with a new approach towards their difficulty. This interest in older children's speech difficulties is to be welcomed.

The following figures are submitted:—

#### **Group Therapy for Stammerers**

Number on register, 1st January .....	30
(– from other areas)	
Number admitted during the year .....	21
(– from other areas)	
Number discharged during the year .....	20
(– from other areas)	
Number on register, 31st December .....	31
(– from other areas)	

The following is the classification, according to improvement, of the 20 children discharged:—

Satisfactory speech .....	10
Dual defect — transferred for treatment for defective articulation .....	1
Improved but still stammer .....	7
Left the district .....	2

The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	32
Removed whilst on waiting list:	
Satisfactory speech .....	2
Left the district .....	3
	— 5
At 31st December .....	31

#### **Other Speech Defects**

No. on register, 1st January .....	26
(– from other areas)	
Number admitted during the year .....	50
(– from other areas)	
Number discharged during the year .....	54
(– from other areas)	
Number on register, 31st December .....	22
(– from other areas)	



The following is the classification, according to improvement, of the 54 children discharged:—

Satisfactory speech .....	36
Some improvement .....	4
Treatment deferred .....	3
Cleft palate cases improved .....	2
Dual defect — transferred for treatment for stammer .....	1
Unsatisfactory attendance .....	3
Incapable of co-operating .....	5

The following details relate to the number of children on the waiting list for treatment:—

At 1st January .....	64
Removed whilst on waiting list .....	22
At 31st December .....	55

#### **Pre-School Children**

On register, 1st January .....	7
Referred during the year .....	12
Transferred to school children waiting list .....	6
On register, 31st December .....	13

#### **(j) Delicate Pupils:—**

*“ Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.”*

The Strinesdale Open Air School provides accommodation for 30 resident and 90 non-resident delicate pupils.

Admissions during the year were as follows:—

	Boys	Girls	Total
Arrested T.B. and T.B. contacts ...	6	4	10
Sub-normal nutrition and debility ...	4	3	7
Bronchitis and asthma .....	9	11	20
	—	—	—
Totals	19	18	37
	—	—	—

Children with diabetes usually attend an ordinary school but may require admission to a special residential hostel for diabetic children. During the year, no children were recommended for admission to such hostels.

## HOSPITAL TEACHING

There is provision for children of school age who are admitted to the children's wards in the local hospitals to receive tuition. One teacher is employed whole-time at the Oldham and District General Hospital but at the Oldham Royal Infirmary the teachers are drawn from a panel and visit for a short period each evening excepting Saturday and Sunday.

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## HOLIDAY CAMPS FOR DIABETIC CHILDREN

The Authority again agreed to provide diabetic children with two weeks' holiday at a holiday camp sponsored by the Diabetic Association. One girl, aged 13 years, was sent for two weeks' holiday to the Filey/Saltburn Holiday Camp, Yorkshire. The arrangements, which were made by the Diabetic Association, were most satisfactory.

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## CASTLESHAW CAMP SCHOOL

This camp school is situated at Delph and parties of children who are in their last year at school are taken to the camp for a week during the period April to October. A warden and his wife are in residence throughout the year and they are responsible for the maintenance of the building and its contents.

The parties are limited to 24 children of one sex along with one or more teachers who are in charge of the party. They assemble at their ordinary school at 9 a.m. on a Monday and they return on the following Friday afternoon, leaving the camp school about 1-30 p.m. The parties are conveyed to and from the camp school by special 'bus.

All children are medically examined at the school clinics before proceeding to the camp school.

The curriculum allows the children attending the camp school to take full advantage of the surrounding countryside and they are taken on visits to places of local interest. In the evenings special recreational activities are arranged by the teachers in charge of the parties.

During the year, 314 children enjoyed a stay at the camp school. The cost to the parents is 15s. but no child is debarred from attending because of the parents' inability to meet this charge.

The camp is also utilised throughout the year by various youth organisations who arrange for parties to attend at the week-ends.



## **ATTENDANCE CENTRE—MEDICAL EXAMINATIONS**

The Chief Constable, at the request of the Home Secretary, has undertaken responsibility for an attendance centre as provided in the Criminal Justice Act, 1948. The centre is held on Saturday afternoons at the Waterloo Secondary Modern School and the children and young persons are sent from the Juvenile Courts in the area.

The instruction includes physical training and drill and all the boys are medically examined.

During the year, 4 Oldham boys were examined by the assistant medical officers and all were passed as fit to attend the centre.

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## **MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING**

Teachers entering the service of the Council from other authorities and new entrants to the teaching profession who have not been medically examined on completion of their course of training are examined as to their fitness for employment. These examinations are undertaken by the medical officers of the Department and during the year 73 teachers were examined.

The examination of candidates applying for admission to training colleges is the responsibility of the Principal School Medical Officer and he is assisted by the medical officers of the Department in these examinations.

### **Candidates Applying for Admission to Colleges**

During the year, 51 candidates (17 males, 34 females) were examined and a report on Form 4 RTC completed and forwarded to the appropriate college authority.

In all cases it was possible to pass the candidates as fit for admission to a course of training.

All the candidates agreed to an X-ray examination.

### **Entrants to the Teaching Profession**

Entrants to the profession completing an approved course of training continue to be examined by the college medical officer but in other cases the medical examination is arranged by the Principal School Medical Officer of the appointing authority. These examinations require the completion and forwarding of Form 28RQ to the Ministry of Education and an X-ray examination is compulsory.

During the year, 13 reports (3 males, 10 females) on Form 28 RQ were completed.



### Ministry of Education Circular 248/52

- (i) All teachers are X-rayed on appointment but this is waived in the case of new entrants who have recently undergone an X-ray examination on completion of their course of training and received a satisfactory report.
- (ii) All teachers are urged to take advantage of the facilities provided by the Mass Miniature Radiography Service for periodic examination. During the year, Mass Miniature Radiography Units visited the town and it is gratifying to report that 481 teachers voluntarily offered themselves for examination.
- (iii) All staff employed in the School Health Service are X-rayed on appointment and at regular intervals are referred to the Medical Director of the Unit for X-ray examination.

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### MEDICAL RESEARCH COUNCIL

This large scale clinical trial referred to in previous reports has continued throughout the year. Oldham is one of the authorities participating in the trial, the volunteers being children who left secondary modern schools during the 18 months September, 1951 to March, 1953.

In February, the Medical Research Council published a detailed report covering the first two and a half years work. Over 56,000 children were included in this trial mainly from the North London, Birmingham and Manchester areas and the results, so far, show that a very useful degree of protection was given.

During the year, the Unit visited the Borough in February and August to make follow-up examinations of the children already admitted to the scheme and of the 1,087 children invited to attend 518 attended. These examinations were carried out by the Medical Research Council's Mass Radiography Unit at the Community Centre, Clegg Street. The volunteers were asked to attend between 4-30 p.m. and 8 p.m.

The Medical Research Council provides the medical, radiological and clerical staffs and the Mobile X-ray unit but the nursing staff of the School Health Service undertakes the home visiting.

The Health Visitors and School Nurses are assisting in the follow-up of the children and during the year visited the homes of 793 children in order to complete the follow-up reports.

I am indebted to Dr. S. Keidan, Physician-in-Charge of the Unit, for the following report:—

"Supervision of the young people from Oldham taking part in the anti-tuberculosis vaccines trial has continued throughout the year. The annual postal enquiry about the health of the volunteers was made, and each person invited to attend a centre for the X-ray examination of the chest carried out by the Medical Research Council Mobile Radiography Unit. These examinations were held during the evenings and there has been no significant falling off in attendance in comparison with previous years.

A most important contribution to the "follow-up" of these volunteers is the annual home visit made by Health Visitors to obtain information about their health during the previous twelve months and the nature of their employment. This personal interview also encourages the young people to keep the appointment made for an X-ray examination of the chest and maintains their interest in the trial.

The First Progress Report of this trial was published in February, 1956. This was a long report packed with much useful information and copies have been sent to all the members of the medical and nursing staff who are co-operating in this trial.

The results so far show that a general vaccination scheme at the age of 14-15 should reduce the number of cases of tuberculosis developing in adolescents by about a half.

One of the most important questions that can not yet be answered is how long the protection given by the vaccine will last and it has therefore been decided to continue with the follow up of all the volunteers for a few more years. Until more is known of the duration of protection given by the vaccine it is not possible to decide definitely the most suitable age at which it should be given.

Finally, although the vaccine can make a substantial contribution to the prevention of tuberculosis, it should not be assumed that efforts to control the disease by other means can be relaxed. The investigation is still in progress and further reports will appear later."

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## PROVISION OF MEALS

I am indebted to Miss F. Jolley, School Meals Organiser, for the following report:—

In April, the Higginshaw Junior and Secondary Modern Schools' dining centre was opened. The children formerly dined in the school halls. The new centre contains a large hall for dining which is tastefully decorated and fitted with a modern servery with scullery attached. The dining tables are of a rectangular shape with formica tops, the chairs are of tubular steel. the children dine at the tables in units of six which creates a family atmosphere.



St. Hugh's Infant School opened in September. Owing to the kitchen and dining hall not being finished, meals are being transported from Alexandra Park School Kitchen.

The Food Hygiene Regulations, 1955, came into force in July. All the kitchens are now complying with the Regulations. The helpful co-operation of the Health Department's staff in organising Clean Food Handling courses for the staff has greatly contributed to the achievement of the high standard of kitchen hygiene which exists in the service. All the kitchen and dining room staffs attended the course of lectures held in June.

A one day practical course for kitchen supervisors and cooks was held during the Easter holiday period at Hathershaw Secondary Technical School kitchen. A refresher course for kitchen supervisors was held in November, a two hour session was held weekly for a period of four weeks. The syllabus included attractive ways of presenting the school meal, hygiene in conjunction with the preparation, cooking and the service of the meals, the vitamin content of the meal, particularly vitamins C and D, and calorie assessment, together with other relevant factors.

Kitchen adaptations have been carried out at certain kitchens. The floor of St. Anne's kitchen has been retiled, the Richmond Nursery kitchen has been rearranged, a new stainless steel sink unit has been installed and the existing food preparation tables have been replaced with formica covered tables with cupboards for the storing of equipment and food commodities.

The programme for decorating kitchens in rotation is being implemented, and four kitchens and 13 school dining halls and sculleries were decorated during the year. A new anti-condensation paint has been used and is proving successful. This paintwork is easily washed down and kept clean and is more hygienic.

There are now 16 kitchens providing meals for school children. Three nursery schools and three nursery classes also cook and serve meals on their own premises.

Bottling of fruit and vegetables by the school meals kitchen staffs has assisted in the provision of a greater variety in the school meals' menu.

The average number of children having school dinners per day at the end of the year was:—

On payment .....	7,123
Free .....	463
	<hr/>
	7,586
	<hr/>



On the 1st September the charges for school meals were increased from 9d. to 10d. per meal. The charges made at special schools remained at 6d. per meal.

## **Milk in Schools**

The provision of free milk to all children in schools maintained by the Authority has been continued.

The average number of individual children provided with milk was 14,988 and during the year, 2,751,371 one-third pints of milk were consumed.

Following the receipt in May of Circular No. 302, the Committee agreed to provide milk for pupils attending private or independent schools in the area. Milk is now supplied under this scheme to the two Hulme Grammar Schools and three private schools.

## **Cod Liver Oil and Malt**

Cod Liver Oil and Malt is issued through the clinics to school children on the recommendation of the medical officers.

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# **PHYSICAL EDUCATION**

## **Report of the Chief Organiser of Physical Education (Mr. W. C. S. Morgan)**

### **1. Staff**

The staff consisting of the Chief Organiser, the Woman Organiser of Physical Education (Mrs. M. Henshall), two full-time and two part-time pianists, and four full-time and one part-time teachers of swimming, was incomplete throughout the year, having an unfilled vacancy for a full-time teacher of swimming.

### **2. Physical Activities**

Facilities for indoor physical activities in both secondary and primary schools were fairly adequate. The majority of the primary schools which had suitable available indoor space were provided with climbing agility apparatus.

The supply of plimsolls, small apparatus and games materials was maintained at the same satisfactory level as has been possible in recent years.

In some cases fully qualified specialist teachers are not always available for schools where their services are desirable.

### **3. Games and Athletics**

New and improved school playing fields were brought into partial use during the latter part of the year. The facilities thereby made available were thoroughly appreciated. It was also fairly generally realised that restriction of use in order to maintain satisfactory condition on grass surfaces was an important and wise policy. The Parks Department also continued to co-operate by making their grounds available to the schools as required.

### **4. Swimming Instruction**

The Authority's regulations and arrangements for swimming instruction were continued in operation. Instruction was given by specialist teachers of swimming and in some cases by members of schools' staffs. It was unfortunate that a teaching vacancy could not be filled because it resulted in a reduction in the amount of time given to the instruction of boys. Arrangements could only be made for them to attend the baths every other week instead of weekly as formerly.

### **5. Boxing**

Boxing instruction for older boys was continued as part of the general physical education scheme and steady progress was made.

# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956

Table I

## Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

### A—Periodic Medical Inspections

Age Groups inspected and Number of Pupils examined in each:—

Entrants .....	1878
11 year olds .....	1519
Leavers .....	1109
Total .....	4506
Number of additional Periodic Inspections .....	—
Grand Total .....	4506

### B—Other Inspections

Number of Special Inspections .....	2450
Number of Re-inspections .....	4960
Total .....	7410

### C—Pupils Found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin)

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants .....	3	67	55
11 year olds .....	38	57	87
Leavers .....	35	23	54
Total .....	76	147	196
Additional Periodic Inspections .....	—	—	—
Grand Total .....	76	147	196



**D—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table 1A.**

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
Entrants	1878	1876	99.89	2	.11
11 year olds	1519	1517	99.87	2	.13
Leavers	1109	1109	100.00	—	—
Additional Periodic Inspections	—	—	—	—	—
Total	4506	4502	99.91	4	.09

**Table II**

**Infestation with Vermin**

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons .....	49,316
2.	Total number of individual pupils found to be infested ...	1,315
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	4
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	4

Table III

# Return of Defects found by Medical Inspection in the Year Ended 31st December, 1956.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of inspection.

## A—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .....	2	73	3	33	12	176
5	Eyes—						
	(a) Vision ...	3	24	35	255	76	535
	(b) Squint ..	10	47	3	17	17	103
	(c) Other ....	—	3	—	20	2	34
6	Ears—						
	(a) Hearing .	—	12	3	14	12	50
	(b) Otitis						
	Media ...	1	30	4	14	7	76
	(c) Other ....	—	3	—	4	—	14
7	Nose and						
	Throat ...	12	145	—	18	16	223
8	Speech .....	11	46	1	9	17	68
9	Lymphatic						
	Glands ...	4	61	—	8	5	107
10	Heart .....	1	3	—	4	1	23
11	Lungs .....	2	44	—	18	3	73
12	Develop- mental—						
	(a) Hernia ..	2	6	1	1	4	11
	(b) Other ...	1	9	—	6	2	32
13	Orthopædic—						
	(a) Posture .	1	8	—	2	3	15
	(b) Feet .....	7	31	1	18	18	85
	(c) Other ....	9	53	5	25	19	123
14	Nervous System—						
	(a) Epilepsy .	1	4	—	2	1	12
	(b) Other ...	—	6	1	—	1	9
15	Psychological—						
	(a) Develop- ment ...	—	11	—	2	1	19
	(b) Stability.	1	27	—	6	1	43
16	Abdomen .....	2	5	—	2	4	20
17	Other .....	—	35	—	12	1	72

## B—Special Inspections

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .....	500	2
5	Eyes—		
	(a) Vision .....	284	63
	(b) Squint .....	19	2
	(c) Other .....	69	11
6	Ears—		
	(a) Hearing .....	28	5
	(b) Otitis Media ..	32	1
	(c) Other .....	28	4
7	Nose and Throat ...	31	10
8	Speech .....	31	12
9	Lymphatic Glands ...	4	—
10	Heart .....	—	2
11	Lungs .....	—	—
12	Developmental—		
	(a) Hernia .....	—	—
	(b) Other .....	—	1
13	Orthopædic—		
	(a) Posture .....	—	—
	(b) Feet .....	7	—
	(c) Other .....	25	9
14	Nervous System—		
	(a) Epilepsy .....	1	—
	(b) Other .....	1	1
15	Psychological—		
	(a) Development ..	1	—
	(b) Stability .....	2	2
16	Abdomen .....	—	6
17	Other .....	838	31



Table IV

### Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

NOTES.—In Groups 1, 2 and 3 treatment includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice (i.e., whether by periodic inspection, special inspection, or otherwise during the year in question or previously), or provided otherwise than by the Authority (i.e., known by the Authority to have been provided, including treatment carried out in school clinics by the Regional Hospital Board).

#### Group 1—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	78	—
Errors of refraction (including squint) .....	1830	1150
Total .....	1908	1150
Number of pupils for whom spectacles were prescribed .....	1733	936

#### Group 2—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear .....	—	15
(b) for adenoids and chronic tonsillitis ...	—	332
(c) for other nose and throat conditions ...	—	15
Received other forms of treatment .....	60	14
Total .....	60	376
Total number of pupils in schools who are known to have been provided with hearing aids		
*(a) in 1956 .....	4	—
(b) in previous years .....	23	—

\*NOTE.—A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

#### Group 3—Orthopdaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments ...	—	647

**Group 4—Diseases of the Skin (excluding uncleanness for which see Table II)**

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp .....	—
(ii) Body .....	19
Scabies .....	31
Impetigo .....	48
Other skin diseases .....	364
<b>Total .....</b>	<b>462</b>

**Group 5—Child Guidance Treatment**

	Number of cases treated or under treatment during the year by the Authority
Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .....	28

**Group 6—Speech Therapy**

	Number of cases treated or under treatment during the year by the Authority
Number of pupils treated by Speech Therapists under arrangements made by the Authority .....	127

**Group 7—Other Treatment Given**

	Number of cases treated or under treatment during the year by the Authority
(a) Number of cases of miscellaneous minor ailments treated by the Authority .....	188
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	6
(c) Pupils who received B.C.G. vaccination ...	704
(d) Other than (a), (b) and (c) above (specify)	
1—Boils and other septic conditions .....	160
2—Cuts, bruises and abrasions .....	300
3—Other minor accidents .....	231
<b>Total (a)—(d) .....</b>	<b>1589</b>



**Table V**  
**Dental Inspection and Treatment**

1.	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) At Periodic Inspections .....	5985
	(b) As Specials .....	4504
	(c) Total (Periodic and Specials) .....	10489
2.	Number found to require treatment .....	8352
3.	Number offered treatment .....	7597
4.	Number actually treated .....	5694
5.	Attendances made by pupils for treatment .....	12564
6.	Half-days devoted to:—	
	(a) Periodic Inspection .....	45½
	(b) Treatment .....	1212½
	Total (a) and (b) .....	1258½
7.	Fillings :—	
	Permanent Teeth .....	4661
	Temporary Teeth .....	394
	Total .....	5055
8.	Number of teeth filled :—	
	Permanent Teeth .....	4095
	Temporary Teeth .....	360
	Total .....	4455
9.	Extractions :—	
	Permanent Teeth .....	3467
	Temporary Teeth .....	7578
	Total .....	11045
10.	Administrations of general anæsthetics for extraction .....	1605
11.	Orthodontics :—	
	(a) Cases commenced during the year .....	95
	(b) Cases carried forward from previous year .....	21
	(c) Cases completed during the year .....	63
	(d) Cases discontinued during the year .....	7
	(e) Pupils treated with appliances .....	114
	(f) Removable appliances fitted .....	116
	(g) Fixed appliances fitted .....	11
	(h) Total attendances .....	961
12.	Number of pupils supplied with artificial dentures .....	91
13.	Other operations :—	
	Permanent Teeth .....	2865
	Temporary Teeth .....	224
	Total .....	3089

**Number of Children Reported to the Local Health Authority  
for the Purpose of the Mental Deficiency Act, 1913**

Under the Education Act, 1944 :—	Male	Female	Total
(a) Section 57 (3) .....	3	1	4
(b) Section 57 (4) .....	—	—	—
(c) Section 57 (5) :—			
On leaving special schools .....	6	8	14
On leaving ordinary schools .....	1	1	2
	<u>10</u>	<u>10</u>	<u>20</u>



# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Total
In the calendar year:—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ... ..	—	1	1	—	34	6	14	1	—	57
B. Handicapped Pupils newly assessed as needing educational treatment at Special Schools or in Boarding Homes .....	—	1	2	—	38	9	17	4	—	71
On or about 31st Jan., 1957										
C. Number of Handicapped Pupils from the area:—										
(i) on the registers of Special Schools as										
(a) Day Pupils ... ..	—	11	6	8	66	26	76	—	—	193
(b) Boarding Pupils ..	4	—	6	1	30	2	—	1	—	44
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Total (C) ...	4	11	12	9	96	28	76	1	—	237
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) In other groups (e.g. units for spastics convalescent homes)	—	—	—	—	2	—	—	—	—	—
(iii) at home	—	—	—	—	—	3	—	—	—	—
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who had not reached the age of 5 years and any such children who had reached the age of 5 years but whose parents had refused consent for their admission to a special school):—										
(i) Day	—	—	—	—	—	1	—	—	—	1
(ii) Boarding	—	—	—	—	—	—	—	3	—	3
F. Were on the registers of hospital special schools .....										11

In accordance with Ministry of Education form 21M this table only relates to Handicapped Pupils residing within the County Borough.

